2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 08, 2007 8:00 am
Secretary of State
04-30-2007 90038 007 ****50.00

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DOCUMENT # L06000056554

1. Entity Name

CAPITAL CONSULTING GROUP, LLC

Principal Place of Business	Mailing Address
900 5TH AVENUE SOUTH, SUITE 203 NAPLES FL 34102	900 5TH AVENUE SOUTH, SUITE 203 NAPLES FL 34102

JUU1UUUU

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-4975540 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NAPLES-LAWDOCK, INC. 1395 PANTHER LANE NAPLES FL 34109	Name: Blaine Ferguson Street Address (P.O. Box Number is Not Acceptable): 900 5th Ave S Ste 203 City: Naples **FL** Zip Code: 34102

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature of one of printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLAINE FERGUSON 400 5TH AVE S Ste 203 Naples, FL 34102 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #